

1973 ANNUAL REPORT  
NATIONAL SOCIETY FOR THE  
PREVENTION OF BLINDNESS  
THE 65th YEAR





THE OBJECT OF  
THIS COMMITTEE  
IS TO ASCERTAIN  
THE DIRECT CAUSES  
OF PREVENTABLE  
BLINDNESS, AND  
TO TAKE SUCH  
MEASURES IN  
COOPERATION WITH  
THE MEDICAL  
PROFESSION AS  
MAY LEAD TO THE  
ELIMINATION OF  
SUCH CAUSES.

Committee on Prevention of Blindness  
First Annual Report June 1908

## PREVENTIVE MEDICINE COMES INTO ITS OWN

It is my pleasure, as the National Society's new president, to share with you several observations and aspirations, as we mark the Society's 65th anniversary. Let me first express the gratitude and appreciation of all of us for the superb job done by our retiring president, Bradford A. Warner, during his six-year term. Brad, as most of you are aware, continues with us as chairman of the board of directors.

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Speaking of his recent visit to China, Dr. Halfdan Mahler, director-general of the World Health Organization, said that what impressed him most in China was the emphasis on prevention of disease. Dr. Mahler said that in his opinion the main impact of Chinese medicine on the West is that China "has shown how much can be done if you put an almost obsessional emphasis on preventive activities, and I really think we have forgotten that a bit in the West."

The message strikes home to us, involved as we are in the battle to orient Americans toward preventive eye care, away from the costly and often tragic reliance on treatment and cure. A significant indication of a shift in emphasis in this country toward preventive medicine is the passage of the Health Maintenance Organization Act, signed into law by President Nixon in December. With the aid of an authorized \$375 million over the next five years, the prescribed health centers,

though offering all basic health services, will accent preventive health services.

Of particular relevance in Dr. Mahler's statement, and in the enactment of the Health Maintenance Organization Act, is the emphasis on community-level involvement in a successful national effort. Local participation and local leadership are essential in promoting the National Society's health projects and its public and professional educational campaigns.

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One of the foremost examples of a National Society success story based on local involvement is our 1973 phenomenon, the Home Eye Test. We have produced and distributed more than a million of these test kits. Promotion of the test kit, which allows parents to screen the vision of their preschoolers at home, benefited enormously from national media exposure, such as the "Today" television show and the *Reader's Digest* article by George Boehm, one of our board members. Yet it is chiefly through local newspapers, through local TV and radio shows, through posters placed in local banks, supermarkets and drugstores, through the active participation by community service groups—from 4-H clubs to American Legion posts—that the tests are brought to the American people.

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Borrowing again from the wisdom of the East, there's a saying attributed to Confucius, "The people can be forced to follow a path of

action, but they cannot be forced to understand it." The development of understanding is a large part of the National Society's task. And we do it very well. But it is our local affiliates that bring our programs to the people, that translate thought into action. For example, the National Society has a great film, which we made this year and which will be distributed in 1974, in which Academy Award nominee Sylvia Sidney tells of her battle with fear of surgery, of her victory over that fear, and of her successful cataract surgery. But in large part it is our local affiliates, rather than our national office, that will arrange for the showing of this film, that will bring this message of hope to the American people afflicted with this disease.

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Back to the Chinese once more. In China, 1973 was the "Year of the Tiger." The tiger stands for courage, ferocity, dynamism and aggression. These qualities may be just the approach for NSPB's fund-raising activities. The Society's programs benefit Americans from infancy to old age. From the mandatory drops of silver nitrate in the eyes of the newborn (a program pioneered by NSPB 65 years ago) to an intensive campaign to combat cataract blindness among the elderly. We offer a proven means of prevention, as the era of preventive medicine comes into its own. Yet we have been far too

diffident about seeking the financial support we need. Contributions to all health agencies in the United States totaled an estimated \$580 million in 1973. Our share was \$2.8 million. This is less than one-half cent out of the health agency charitable dollar. We are not getting our share. And it is our fault. Let's spread the word. Let's distribute this report. Let's do better. I am doubling my contribution to NSPB. I urge all others to do the same.

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In closing, I thank our contributors, our members, our friends, our volunteers—our eye-screening corps, our professional advisors, and our officers and directors. We depend on you, we need you, and we thank you.

THOMAS R. MOORE  
President



## PERSPECTIVE ON THE FUTURE

This year marks the 65th anniversary of the founding of the National Society for the Prevention of Blindness. I thought it would be appropriate, and informative as well, to briefly review the history of NSPB . . . The story of where we have been and what we have done sheds meaningful perspective on our work today. And I'd like to interject from time to time our future goals with respect to particular programs.

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It all began in 1907 when a report was made by Dr. F. Park Lewis to the New York State Legislature, a report on his commission's investigation of blindness in the state. His report emphasized the "unnecessarily blind" children, victims of ophthalmia neonatorum, known as babies' sore eyes. These children—making up 28 percent of the children in schools for the blind—were needlessly blind because it was known as early as 1887 in this country that a prophylaxis, solution of silver nitrate, instilled in the eyes of newborns could prevent ophthalmia neonatorum—itsself caused by gonorrhea in the mother. Dr. Lewis' report and call for action drew a prompt offer from Louisa Lee Schuyler, an organizer and leader in the field of public health.

Miss Schuyler and Dr. Lewis in 1908 formed the Committee on the Prevention of Blindness of the New York Association for the Blind. Financed by the Russell Sage Foundation and later the Rockefeller Foundation, the Com-

mittee embarked on the campaign to eliminate ophthalmia neonatorum.

By 1918 six states required the use of the prophylaxis by law. . . . Today all but three states require it, and those three provide for its use on an optional basis. As a cause of blindness, ophthalmia neonatorum has dropped to less than one-tenth of one percent. (Here the future intrudes itself: Although there has been no detectable upswing in reported cases of ophthalmia neonatorum, the epidemic proportions of gonorrhea today make vigilance on this issue of renewed importance.)

This first success demonstrates well a principle which has guided the Society throughout the years: translating scientific advances in ophthalmology and other fields into practical sight-saving programs for people at the community level.

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By 1918 the original Committee had expanded in numbers and scope, and was incorporated as the National Society for the Prevention of Blindness. Major concerns during those early years were trachoma, industrial eye hazards, education of partially-seeing children, blindness from wood alcohol, dangers of fireworks . . .

Trachoma, a highly contagious chronic eye disease, involved the Society in research and eradication projects in the early 1900's. A companion of poverty and poor hygiene, trachoma rampaged through whole communities in pocket areas around the country. Society efforts were concentrated in eastern Kentucky, where trachoma clinics (some accessible only by mule) were



set up; and in this program—ultimately successful—stage center belonged to Linda Neville. “Miss Linda,” as she was called by all, volunteered to stay on, and spent 40 years in Kentucky, fighting causes of preventable blindness.

Today trachoma has been eradicated in most parts of the country—the exceptions being the Indian reservations in the Southwest, where the Public Health Service is doing a commendable job. The disease can be cured with sulfa drugs and antibiotics; but an integral part of prevention, good hygiene habits and sanitation facilities, is the more arduous task.

Yet trachoma cannot be relegated to our “laurels file”: At this year’s annual meeting of the Southern Medical Association, a report warned of trachoma cases discovered in Virginia, and the need for “vigilance in symptom recognition.”

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Education of partially-seeing persons occupied a prominent place at NSPB until 1968 when this program was turned over to the American Foundation for the Blind. Winifred Hathaway, employed in 1918, NSPB associate director from 1925-1949, was a prime mover in the campaign to provide a normal education to partially-seeing children, and developed many special-education materials for them. The first class for such children was established in 1913, and in 1919 a manual was published for use by teachers of partially-seeing children. (Today every effort is made to provide such children with optimal visual aids and encourage their participation in a regular school program.)

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Prevention of eye injuries in industry has been one of the Society’s most important pro-

grams, and dates back to 1917. In 1926 the Society sponsored the first eye safety course ever offered industrial engineers; in 1930 a survey of 500 factories resulted in the first broad-based eye safety program; in 1943 the Society set guidelines for the War Production Board on effective eye safety measures—involving 2,800 war plants employing 8 million workers.

In 1948 the Society incorporated the Wise Owl Club of America, today a widely known incentive program for eye safety. The Club’s first newsletter announced 87 plants with Wise Owl chapters, with 574 individual members. At the end of 1973 there are 7,318 chapters with 54,390 members. In different terms, this all means that 67,987 eyes were saved in potentially blinding accidents, through the use of protective eyewear. Society guidelines, recommendations and model laws continue to exert a significant influence in eye safety standards for industry, schools and state and federal legislation. The Society’s long campaign to bring protective eyewear to the public was rewarded in 1971 when the federal Food and Drug Administration issued a regulation requiring *all* eyeglasses sold in this country to be made with impact-resistant lenses.

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Concern with eye care for children was manifest early in the Society’s history, and the subject of NSPB’s first motion picture, in 1921, was “Saving the Eyes of Youth.” But early studies indicated more direct action was also called for, and in 1926 the Society conducted the first preschool vision screening program in the United States involving trained volunteers. Preschool

*Continued*

## REPORT OF THE EXECUTIVE DIRECTOR

Continued

vision screening remains a priority NSPB program to this day—currently involving over 25,000 volunteers who yearly screen some 500,000 of the nation's preschoolers.

Yet it wasn't enough; and in late 1972, after encouraging pilot projects, the Society launched the Home Eye Test—which is detailed here in later pages. Parents can now screen the vision of their preschoolers at home; and at the end of 1973 over one million of the testing kits had been requested. Initially funded by the Delta Gamma Foundation, Home Eye Test production and distribution continues through a gift from the *Reader's Digest*.

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The Society's other screening program is for glaucoma, the second-leading cause of blindness. Involving both professional and lay volunteers in communities across the country, glaucoma screening began with a demonstration project in 1944. Today tens-of-thousands of adult Americans are screened yearly; and NSPB studies indicates we will continue to find that about 4 percent of these people will test "suspicious" for glaucoma and should seek a medical eye examination.

We know that glaucoma can be arrested and blindness averted with treatment; but we also know that today an estimated 1,759,200 persons are threatened with blindness from glaucoma—and that most of them don't know it. I need hardly add that Society priority programs will continue to include glaucoma detection and education.

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Operational, basic and clinical research have always been vital parts of NSPB's activities.

In 1932, the first study of causes of blindness in school age children was undertaken. In comparing results with those from a similar study in 1958 and 1959, we can see how causes of blindness can change as a direct result of our programs and scientific advances.

Ophthalmia neonatorum in Dr. Lewis' 1906 study accounted for almost 28 percent of the children in schools for the blind, while in 1958 this figure had dropped to less than one-tenth of 1 percent. Infectious disease has shown a major decrease, due primarily to control of trachoma, diphtheria, syphilis and gonorrhea. Injuries and poisonings have shown a slight decline. However, our 1958-59 study revealed a staggering 33 percent of children being blinded from retrolental fibroplasia—a reflection of the administration in the 1940's of high levels of oxygen over long periods of time to premature infants of low birth weight. In 1950 the National Society supported the first research project that linked RLF to high levels of oxygen. Thanks to collaborative research supported by the National Institutes of Health following NSPB's pilot support, the cause of RLF was confirmed and prevention of many cases made possible. Research is continuing to learn how to prevent the cases still occurring, and to find answers to the related problems.

Prenatal influences continue to represent the largest cause of blindness in children. Included are both hereditary and congenital conditions such as congenital cataracts, coloboma, albinism, retinitis pigmentosa and other diseases due to maldevelopment of the eye. Further research in this area is needed. Expansion of genetic counseling services to reach more prospective parents, we believe, could reduce blindness from prenatal influences. The Society has



received a grant from the Surdna Foundation for \$25,000 to conduct a symposium on hereditary blindness—scheduled for 1974.

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Changes in causes of blindness for the total population from 1940 to 1960 prove enlightening. Diabetes, vascular diseases and prenatal diseases have shown dramatic jumps. Diabetic retinopathy is rapidly becoming the leading cause of new cases of blindness. The increase caused by vascular diseases is related to the aging process, particularly arteriosclerosis. The continued increase in the life span with more and more people living to those ages when the prevalence of blindness from cataract and glaucoma is far greater than in the younger age groups indicates that the thrust of our program activities toward the aged must be intensified.

On the more positive side we can see that dramatic decreases have occurred in certain causes of blindness. NSPB must constantly examine its program to determine the effectiveness of our approaches and where new efforts must be initiated.

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Getting the message across—reaching as broad a spectrum as possible in our various target population groups—is a vital and continuing objective of the Society. In the early years educational programs depended on a handful of pamphlets, lantern slides, position statements—and primarily the vocal advocacy of a small corps of militant prevention of blindness workers.

Today we have at our disposal radio, television, magazines, newspapers, our extensive library of films and pamphlets, videotape cas-

ettes, exhibits . . . and our audience is over 200 million persons. And we still depend on our corps of militant workers . . . Progress made—especially during the last 20 years—could never have been made without our state affiliates.

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The National Society for the Prevention of Blindness plays a prominent role in the health care field today. Whereas the concept of “prevention” has since 1908 dominated our programs, it is relatively recently that the idea has begun to pervade all elements of our field.

VIRGINIA S. BOYCE  
Executive Director



## THE HOME EYE TEST

### NEW 'GAME' TAKES SERIOUS HOLD

The *Reader's Digest* named it the "Pointing E" game and called it "... the nation's fastest growing game ..."

The *Saturday Review* judged it "One of the best ideas in a do-it-yourself package to appear in a long time ..."

Ophthalmologists have been describing it as "excellent," "a magnificent idea" and as "the single most significant advance in screening since the beginning of the utilization of the illiterate E chart ..."

Kudos such as these have been accumulating for the Society's Home Eye Test for pre-schoolers since the program was launched in the last months of 1971.

Beamed at the parents of 15,000,000 children between the ages of 3 and 6, its objective is to help identify the one child in every 20 who has a vision defect, the most critical being amblyopia or "lazy eye." There is urgency in this program because if amblyopia is not discovered and treated before school age it can result in permanent loss of vision in the affected eye.

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The test's success can be credited to three factors. It is innovative by providing a means to test vision at home, it motivates parents to perform this service for their children and it educates the family to the need for early eye attention.

This free kit consists of an eye chart for testing visual acuity of children not able to read, simple instructions for the parent on performing

the test and judging results, and a report form which is returned to the Society for follow-up and evaluation studies.

The test is not diagnostic, and this is stressed. But it does offer a pointer to a possible vision problem and it has given thousands of parents the impetus they needed to get a professional eye examination for their child.

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Four-year-old Paul Luchini of Arlington, Massachusetts, made history as the first registered "failure" with the test, and proved that there could be a happy ending. After visiting the Harvard Community Health Center where he received an eye examination, glasses were prescribed to correct his myopia and astigmatism.

Timothy Swords of Los Angeles was another early "failure," who subsequently was treated by his ophthalmologist for amblyopia in his left eye.

Some 1,000,000 tests have been distributed in the first year. Recorded failures have been 5.8 percent, according to reports filtering in from parents. This figure has borne out the findings made in early field trials by the Society and compares favorably with the 5.1 percent rate of failure experienced by trained screeners in the Society's community programs.

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What this volume of distribution suggests is that a major breakthrough has been achieved in providing at least some measure of eye attention to large numbers of children in their early, critically important years. Until the advent of the test, preschool vision screening programs in the community, conducted by the Society and other



health-related groups, were able to reach less than 500,000 in this population annually.

The response to the test leaves no question that it has filled an important void in community services.

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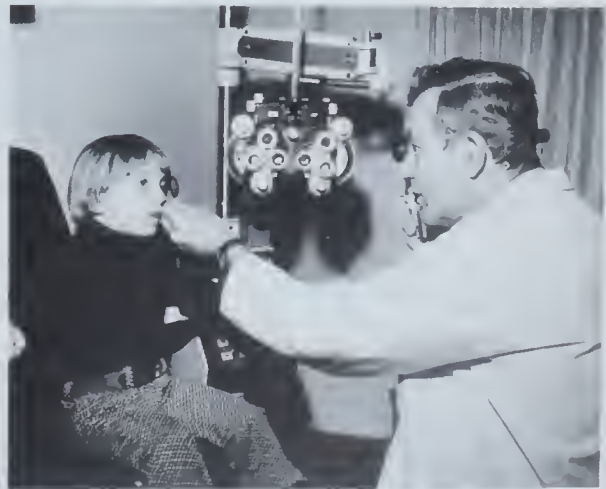
The communications media early recognized its tremendous appeal. National coverage was given the test by the NBC-TV "Today Show," by radio's "Monitor" program on NBC and by *Newsweek's* syndicated television feature service. Local stations asked permission to "adopt" the program and develop their own promotion as a public service to their listeners. Prestigious publications such as *Today's Health*, *Medical World News*, *Time* and *Reader's Digest* featured it, and nationally syndicated newspaper columnists such as Walter C. Alvarez, M.D., Patricia McCormack (UPI) and William G. Crook, M.D., urged its use by parents.



Massive membership groups including the Delta Gamma Fraternity, Lions International, Knights of Columbus, Telephone Pioneers of America, American Legion and the American Red Cross joined in promoting the test nationally and through local chapters.

Model projects were developed in some states to explore additional feasible applications. The Milwaukee Health Department, for example, stocked the test for their public health nurses so that they could teach parents how to give it when they make home visits.

The leadership of the 4-H clubs in Florida and West Virginia saw in this a unique oppor-



continued

## THE HOME EYE TEST

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tunity for its members and worked out program guides which will be translated into state-wide projects.

The medical community was alerted to the test by publications of the American Medical Association, state society journals and bulletins, and through specialty groups such as ophthalmologists and the American Academy of Pediatrics. Doctors' responses have been enthusiastic as they discovered the test is a useful adjunct to their practice and expanded uses have already been found by some who are advocating it for between-visit checkups and for children too anxious to respond in a doctor's office or in a group situation.

Foreign interest has also been stimulated by the overseas edition of the *Reader's Digest* article and brought requests from Peace Corps personnel, physicians, educators and parents in Australia, Jamaica, Malaysia, Taiwan, Singapore, Ceylon, the Philippines, Hong Kong and Indonesia among others.

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The Society's affiliates added immensely to the overall campaign by seeking opportunities for creative local approaches.

The NORTHERN CALIFORNIA SOCIETY distributed tests in the preschool reading program of the San Francisco Public Library.

The SOUTHERN CALIFORNIA SOCIETY approach was through the 60 Los Angeles public libraries, plus hospital waiting rooms, doctors' offices, YMCA's and numerous health fairs.

The GEORGIA SOCIETY utilized "Pufnstuf," "Mr. Bear" and "Mr. Rabbit," official

Six Flags Over Georgia characters, to help promote the test at a major shopping mall.

The IOWA SOCIETY enlisted Drake University students to distribute the test in Des Moines.

The KENTUCKY SOCIETY arranged for business and commerce groups to sponsor a full-page ad in the *Louisville Courier-Journal*. In addition they developed a flyer which was enclosed in utility company bills.

We can truly say that in the past year the Home Eye Test has generated more attention for children's eye problems, stimulated more parent participation and attracted more diverse groups to aid in its promotion than any single program the Society has launched in its long history.

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There is much more to come!

Julie Nixon Eisenhower teamed up with the Kienast quintuplets of New Jersey to co-star in a series of television spots that will reach millions of homes in the coming year.

Local depots of distribution are springing up all over the country as chain stores, drug stores, labor unions, "Y's" and libraries begin to stockpile tests as a service to their clients and members.

A Spanish version will be available to better serve the Spanish-speaking communities.

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We gratefully acknowledge our indebtedness to the Delta Gamma Foundation for making the inception of this program possible and to the DeWitt Wallace Fund for subsequently perpetuating and expanding the program as a *Reader's Digest Public Service Project*.





## THE CONSUMER SPEAKS

"I want to thank your organization very much. Yes I used your test and very definitely found my daughter's eyesight less than poor. I sent her to a doctor . . . and she now wears glasses. Her marks in school have shot up and her outlook on life is much better . . . I was shocked, dismayed, but pleased to have the correction done. God only knows the poor child would have suffered if left alone. Thanks again for your eye test."

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 "Thank you. We had one child with a lazy eye—and because we didn't realize it she almost lost her vision in that eye."

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 "I have been debating about taking my children to the doctor for some time, but as their eyes seemed normal, it seemed like an unnecessary expense. This will help me to decide."

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 "My daughter has just turned three, is shy, and reluctant to try new things . . . I thought if I could get this kit from you, she would be better prepared and not quite so frightened at having the exam at the doctor's office."

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 "I know the value of good eyesight and periodic examination, but we live some distance from specialists of any kind. Thank you."

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 "I will forever be an advocate of your cause. If I hadn't seen the article in *Reader's Digest*, Mark's eye problem probably would have gone undetected until kindergarten."

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 "Thank you for such a fun and simple test. I hope the less fortunate people of this country are encouraged to take advantage of this test."

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 "I found your kit very useful and helpful. I consider your interest in the well-being of young preschoolers to be wonderful."

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 "I never would have known my daughter had a problem. I intend to keep the test to use when my son is old enough."





1973:

## A YEAR OF SERVICE TO MILLIONS

To prevent needless blindness, here are some of the measures the Society and its 23 affiliates took in 1973:

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Brought preschool vision screening programs to children in the inner cities and in migratory camps.

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Provided glaucoma screenings for adults and encouraged the performance of tonometry in doctors' offices, hospitals, health centers and on industrial sites.

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Promoted adoption by the states of the School Eye Safety Laws—most recently enacted by Wisconsin—which now mandate safety eyewear in shop and laboratory classes for some 86 percent of the nation's school population.

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Educated the public to prevention of vision-damaging diseases, disorders and accidents through radio, television, newspapers

and magazines and the distribution of millions of pieces of literature.

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Scored a total of 67,987 eyes saved from potentially blinding on-the-job accidents through its safety incentive program in industry—the Wise Owl Club encompassing 54,390 members.

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Promoted safe toys for children.

Developed educational aids to press its campaign on eye safety in modern farming.

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Continued advocating the restriction of fireworks to public displays.

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Worked to implement school eye health and safety programs through on-site visits, film showings, training sessions and by providing teaching materials.

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Conducted seminars to pool its knowledge with professionals such as family doctors, pediatricians and nurses.



Published original articles by foremost authorities in the eye-care professions in its *Sight-Saving Review*, the sole professional publication dealing with prevention of blindness.

Conducted statistical research on the prevalence of blindness to provide guidance for service groups and prepared a study on low-vision facilities to help in sight-restoration efforts.

Safeguarded public health by compiling statistics which directed national and local attention to danger zones.

Made research grants for pilot studies on eye function and disease or those concerned with improving diagnosis and treatment.

Distributed a million Home Eye Tests for preschoolers through an innovative do-it-yourself project.

Reached an audience numbering tens of thousands with its educational film free-loan

program, on subjects ranging from farm eye safety to professional training on glaucoma.

Established, through its Professional Advisory Committees, models and standards for the guidance of legislators, health practitioners, educators and community service groups.

Enlisted leading public figures—from racing drivers to former astronauts—as Sight-Saving Chairmen to focus national attention on the Society and its work.

Referred thousands of individuals to appropriate facilities or local eye-care professionals in response to personal inquiries.

Served as a clearinghouse for resource material on all aspects of eye care, from bibliography compilation to research materials, for scientists, writers, safety directors, lawyers and students.



CLOSEUP:

## REACHING OUT TO DIVERSE GROUPS

The unmet eye-care needs of the population, especially minority groups—seasonal farm workers, inner-city residents and the mentally retarded—received increased attention from the Society in 1973. A sampling of affiliate screening programs helps shed light on some of the various approaches taken.

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The NORTHERN CALIFORNIA SOCIETY sent teams of vision screeners to migratory labor camps in the Salinas Valley to test over 1,000 children.

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The WISCONSIN SOCIETY and the Milwaukee Public School system jointly conducted a pilot project involving 4,000 preschool children with the purpose of identifying the visually handicapped among them for future placement in special education classes.

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Children of welfare families benefited from a month-long screening at the Santa Rosa County Health Department conducted by the FLORIDA SOCIETY.

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The CONNECTICUT SOCIETY initiated a "saturation project" for 2,000 New Haven youngsters to insure that their vision was checked before they entered school.

Young children living in city housing projects received special attention from the RHODE ISLAND SOCIETY with the help of Providence college students.

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Schools and centers for mentally retarded children were visited by screeners of the INDIANA SOCIETY and the RHODE ISLAND SOCIETY which in addition undertook to train the representatives serving in these agencies.

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The elderly residents of Boston were the recipients of eye examinations, treatment and followup care through "Project Bright Eyes" provided by the MASSACHUSETTS SOCIETY.

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Inner-city residents and those living in outlying areas not having access to medical care were visited by the mobile detection units of the FLORIDA SOCIETY.

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Processing large groups of people through vision screening programs has become a traditional service of the Society and a vehicle for one of its missionary efforts—to demonstrate their value so that the service becomes adopted and expanded in the community's disease-prevention efforts.

Some of the contributions of this program during the past year are readily apparent:



—Early returns show that some 270,000 preschool children were vision-screened with 11,000 being referred for a professional eye examination.

—More than 73,000 adults underwent tests for glaucoma of which some 3,600 were found to have elevated pressure in the eye—the indicator most often associated with glaucoma.

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Equally significant are the long-term benefits:

—Society training has produced a corps of 25,000 experienced screeners, an important resource in the community.

—These procedures have supplied guidelines and served as a model for schools, employers, service and health groups and stimulated the growth of screening projects.





## CLOSEUP:

# POINTERS TO TOMORROW'S PROGRAM NEEDS

How many people are visually handicapped and where are they? Information such as this propels communities to adjust their programs and sights to changing local conditions.

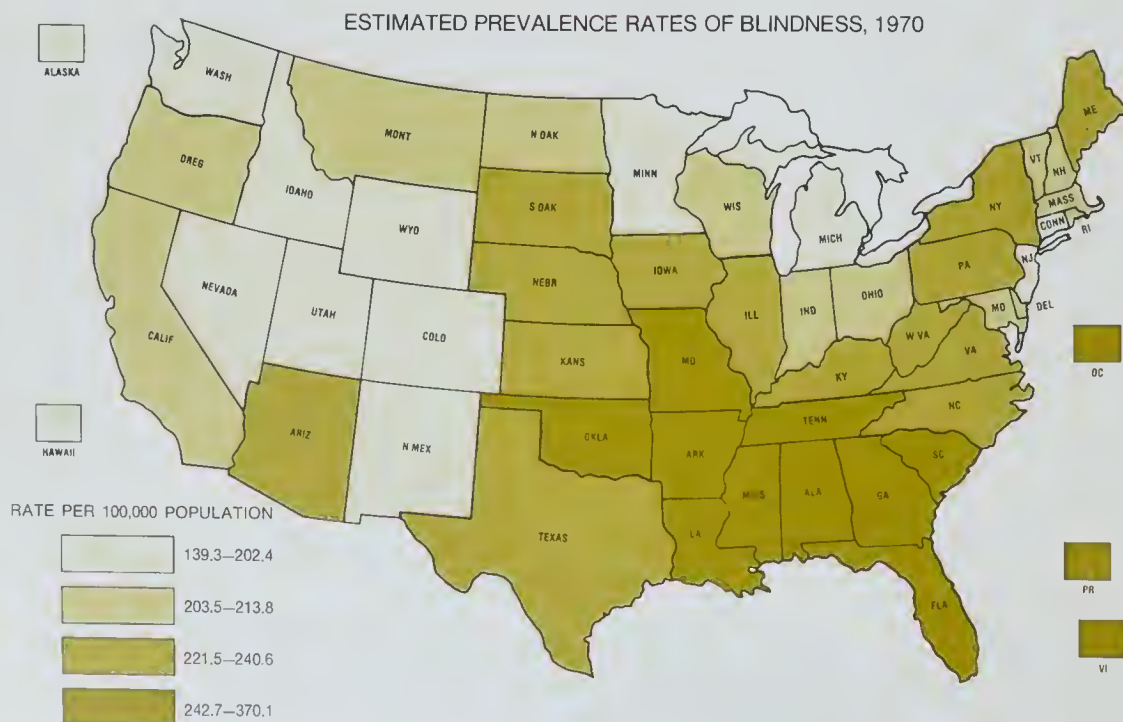
Significant to this effort is the new study conducted by the Society to update decade-old figures on prevalence rates and new cases of blindness.

The findings, graphically shown on the map, indicate that states with a population that has higher than the average proportions of older persons and/or nonwhite persons have higher prevalence rates for blindness. Those states with younger populations and a less-than-average

proportion of nonwhites generally have the lower rates.

The highest rate appeared in the District of Columbia and the lowest rates were found in the New England, East North Central, and Western states as well as in Hawaii and Alaska.

Another study, aimed at improving services to people with limited vision, has identified the location of low vision aids facilities and their scope of services. A directory of these will be published shortly to provide a guide for professionals on sources of help for their partially-seeing patients.





## AFFILIATES RESPOND TO LOCAL NEEDS

Hunting accidents were the target of the NEBRASKA SOCIETY which supplied its 250,000 hunting enthusiasts with eye safety tips prepared in cooperation with the State Game Commission.

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In a drive to expand glaucoma screenings, the MISSISSIPPI SOCIETY enlisted funds and help from the Junior League, enabling it to teach the procedure to industrial nurses and to offer a trained League volunteer to industries without a staff nurse.

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The OKLAHOMA SOCIETY tapped new manpower sources to build support for a comprehensive prevention of blindness program in the state.

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Intensifying its programs for the elderly, the COLORADO SOCIETY established monthly glaucoma screenings and sent screeners to homes for the aged.

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The WASHINGTON SOCIETY stepped up its eye safety program by making awards to outstanding programs in industry.

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The UTAH SOCIETY carried on an intensive educational program on the hazards of fireworks and was successful in gaining a

30-minute television documentary program on sight conservation.

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The NORTH CAROLINA SOCIETY expanded its unique program of training county public health nurses and new school nurses so that they could initiate vision screening in their home towns.

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The VIRGINIA SOCIETY recruited church members, nursing staff and city health personnel to bring the first glaucoma screening to the inner-core residents of Richmond.

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The IOWA SOCIETY produced a new farm eye safety film in cooperation with the University of Iowa and funded by Kinney-Lindstrom Foundation.

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The PUERTO RICO SOCIETY added vision screening and eye care to the curriculum of college students preparing for a teaching career.

CLOSEUP:

## PERSONALITIES AND EVENTS

Many noted entertainers and other public figures gave generously of their time and talent to help the Society raise funds and gain a wide audience for its educational messages.

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Golfing star Lee Trevino helped attract 3,500 fans to a golf exhibition in Des Moines which benefited the IOWA SOCIETY.

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Tennis ace John Newcombe was matched against another champion, Dick Stockton, in a San Antonio tennis exhibition presented by the TEXAS SOCIETY.

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September Sight-Saving Month received tremendous visibility through the following celebrity spokesmen who served as Sight-Saving Chairmen, nationally and locally:

Frank Sinatra, National Chairman  
Bob Newhart, Southern California Society  
John Glenn, Ohio Society  
Richard Petty, North Carolina Society  
Walter Kennedy, Connecticut Society  
Leo Durocher, Texas Society  
Don Shula, Florida Society  
Bud Wilkinson, Oklahoma Society

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To all our volunteers, to those in the limelight and those who work behind the scenes, to our friends in radio and television and to the reporters and editors of newspapers and magazines, we extend our heartfelt "thank you" for the help and support given the Society in its programs and toward attainment of its goals.





Honorary board chairman Enos Curtin (right) was presented the Mason Huntington Bigelow Award, for meritorious service to the Society. Established in 1964 and awarded periodically, the Bigelow Award honors a non-medical person or agency for outstanding efforts in blindness prevention. Making the award was board chairman Bradford A. Warner.

## BASIC AND CLINICAL RESEARCH

### 'TO PROVIDE SUPPORT IN PROMISING AREAS'

In 1973 the NSPB Committee on Basic and Clinical Research approved the grants listed below. Though this research program is far exceeded by government appropriations and funding by voluntary organizations specializing in research support, NSPB believes it is important to provide support in promising areas not reached by these sources. Emphasis is given, therefore, to assisting the young investigator not yet established in a research career.

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Projects supported may contribute to understanding of: eye structure and function, in health and as affected by various eye diseases; effects of bodily disease processes or imbalances on the eye; efficacy of experimental drugs and surgical procedures as determined through animal studies; term studies of results of new diagnostic procedures, new instrumentation, new methods of surgical or medical intervention related to various eye diseases. The potential for application to prevention of blindness programs is always the major consideration in selecting projects to be supported.

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Chairman of the NSPB Committee on Basic and Clinical Research is Frank W. Newell, M.D., professor and chairman, Department of Ophthalmology, University of Chicago. Grants are awarded periodically throughout the year.

Investigator and Institution  
*Title of Study*

#### RENEWAL

Samuel Sokol, Ph.D.  
Division of Ophthalmology  
Tufts New England Medical Center  
Boston, Massachusetts  
*The Electroretinogram and Visually Evoked Cortical Potential as an Electrodiagnostic Index of Amblyopia*

Barbara Brooks, Ph.D.  
Department of Physiology and Biophysics  
University of Washington  
Seattle, Washington  
*Interaction of Visual Stimuli and Eye Movements in the Simian Lateral Geniculate Nucleus*

#### NEW

Alan M. Roth, M.D.  
Departments of Ophthalmology and Pathology  
University of California, Davis  
Davis, California  
*Comparative Study of Ophthalmic Coccidioidomycosis in Animals and Humans*

Roberta L. Meyers, Ph.D.  
Jules Stein Eye Institute  
UCLA School of Medicine  
Los Angeles, California  
*Neutrophil Function in Ocular Inflammation Due to Bacterial Infection: Evaluation of Neutrophil Chemotaxis and the Nitroblue Tetrazolium Test*

Michael A. Kass, M.D.  
Department of Ophthalmology and Visual Sciences  
Yale University  
New Haven, Connecticut  
*The Prostaglandin Synthetase System and Experimental Uveitis in Primates*



- Constance R. Fitzgerald, M.D.  
Department of Ophthalmology  
University of Florida School of Medicine  
Gainesville, Florida  
*The Supra Optic Nucleus as a Central Control of Intraocular Pressure*
- \*Ronald A. Schachar, M.D.  
Department of Ophthalmology  
University of Chicago  
Chicago, Illinois  
*Experimental Effects of Laser on Lenses and Cataracts*
- Thomas O. Bennett  
Department of Ophthalmology  
University of Illinois at the Medical Center, Chicago  
Chicago, Illinois  
*Evaluation of Histocompatibility Matching in Poor Prognosis Penetrating Keratoplasty Using a Rabbit Model*
- William M. Bourne, M.D.  
Department of Ophthalmology  
University of Iowa  
Iowa City, Iowa  
*Donor Endothelial Cell Survival Following Fresh and Cryopreserved Penetrating Keratoplasty in Primates*
- David A. Newsome, M.D.  
Harvard Medical School and Massachusetts Eye and Ear Infirmary  
Boston, Massachusetts  
*The Role of Extracellular Matrices Deposited by Ocular Epithelia in the Development of the Eye*
- Martin L. Fishman, M.D.  
Department of Ophthalmology  
Washington University School of Medicine  
St. Louis, Missouri  
*The Effects of Epinephrine on Retinal Function in the Aphakic Eye*
- \*\*Joel Karp, M.D.  
Department of Ophthalmology  
Washington University School of Medicine  
St. Louis, Missouri  
*Experimental Study of the Effects on Ocular Movement of Deafferentation of The Extraocular Muscle Spindles*
- Theodore Krupin, M.D.  
Washington University School of Medicine  
St. Louis, Missouri  
*Central Nervous System Control of Aqueous Humor Dynamics*
- Stephen R. Waltman, M.D.  
Washington University School of Medicine  
St. Louis, Missouri  
*Effects of Ophthalmic Ointment on Intraocular Penetration of Topical Fluorescein in Animals and Man*
- David H. Abramson, M.D.  
Edward S. Harkness Eye Institute  
Columbia-Presbyterian Medical Center  
New York, New York  
*Biometric Studies with Ultrasound: Effect of Diabetic Ketoacidosis on the Anterior Chamber and Lens Thicknesses*
- Robert A. Sack, Ph.D.  
State College of Optometry  
State University of New York  
New York, New York  
*Low-Temperature Study of Rod Lipid-Protein Interactions of Membrane Bound ATP'ase and Adenyl Cyclase*
- Gary A. Griess, Ph.D.  
University of Rochester  
School of Medicine and Dentistry  
Rochester, New York  
*Studies of Human Lens Aging*
- Gerald A. Brooksby, Ph.D., M.D.  
Department of Ophthalmology  
University of Oregon Medical School  
Portland, Oregon  
*Hemodynamics of Ocular Blood Flow*
- Zarko M. Vucicevic, M.D.  
Scheie Eye Institute  
University of Pennsylvania School of Medicine  
Philadelphia, Pennsylvania  
*Ultrasonic Tissue Differentiation*
- Roger L. Hiatt, M.D.  
Department of Ophthalmology  
University of Tennessee College of Medicine  
Memphis, Tennessee  
*Production of Experimental Anterior Segment Necrosis*
- Scott F. Basinger, Ph.D.  
Department of Ophthalmology  
Baylor College of Medicine  
Houston, Texas  
*Possible Role of Polyphosphoinositides in Visual Excitation*
- Dennis J. Landis  
Department of Ophthalmology  
Baylor College of Medicine  
Houston, Texas  
*The Influence of Polyunsaturated Fatty Acids on the Development of the Retina*

\*Supported by the Adler Foundation, Inc.

\*\*Supported by the Wisconsin Council of the Blind, Inc.



## CONSOLIDATED BALANCE SHEET

DECEMBER 31, 1973

	Current funds		Endowment funds and funds functioning as endowment	Land, building and equipment funds
	General	Restricted		
Assets:				
Cash	\$ 40,710	\$226,028	\$ 35,843	\$ —
Certificates of deposit	19,721	118,482	—	—
Accounts receivable:				
Deposits and advances	22,039	—	—	—
Miscellaneous	66,219	—	—	—
Investments in bonds and stock, at cost or fair value at date of acquisition in the case of gifts (quoted market \$773,306)	95,052	—	724,706	—
Prepaid expenses	5,838	—	—	—
Investment in land, building and equipment (note 1):				
Land	—	—	—	37,500
Building, less accumulated depreciation of \$29,610	—	—	—	233,597
Equipment, less accumulated depreciation of \$76,732	—	—	—	124,966
Total assets	<u>249,579</u>	<u>344,510</u>	<u>760,549</u>	<u>396,063</u>
Liabilities:				
Note payable to bank	15,000	—	—	—
Accounts payable and accrued expenses	102,186	—	—	—
Reserve for vacation and severance pay	116,957	—	—	—
Total liabilities	<u>234,143</u>	<u>—</u>	<u>—</u>	<u>—</u>
Net assets (representing fund balances)	<u>\$ 15,436</u>	<u>\$344,510</u>	<u>\$760,549</u>	<u>\$396,063</u>
Fund balances (Exhibit C):				
General funds:				
Appropriations for special purposes	35,507	—	—	—
Unappropriated	(20,071)	—	—	—
Restricted funds	—	344,510	—	—
Endowment funds	—	—	37,160	—
Funds functioning as endowment	—	—	723,389	—
Net investment in land, building and equipment	—	—	—	396,063
	<u>\$ 15,436</u>	<u>\$344,510</u>	<u>\$760,549</u>	<u>\$396,063</u>

See accompanying notes to consolidated financial statements.

# CONSOLIDATED SUMMARY OF FINANCIAL ACTIVITIES

YEAR ENDED DECEMBER 31, 1973

## Support from the public:

## Received directly:

Contributions	\$1,950,384
Legacies and bequests	440,358
Special events (after deducting expense of \$3,735)	<u>55,633</u>
Total received directly	2,446,375

## Received indirectly—allocated

by federated fund-raising organizations	<u>222,153</u>
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Total support from the public	2,668,528
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## Revenue:

Investment income	\$ 139,484
Miscellaneous	<u>1,241</u>
Total revenue	<u>140,725</u>
Total support and revenue	2,809,253

## Deduct support limited by

donors—currently expendable, but only  
as specified by donors (Exhibit C)335,874Support and revenue available to  
finance current general activities

\$2,473,379

## Expenditures:

## Program services:

Research	148,513
Public health education	1,077,292
Professional education and training	455,480
Community services	<u>529,582</u>
Total program services	2,210,867

## Supporting services:

General and administrative	\$282,660
Fund raising	<u>476,078</u>
Total supporting services	<u>758,738</u>

Total expenditures (net of directly related income of \$51,470)	2,969,605
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Deduct expenditures financed by  
special funds (Exhibit C):

Current restricted funds	<u>195,458</u>
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Expenditures financed by current general support and revenue	<u>2,774,147</u>
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Excess of current general expenditures over related support and revenue	<u>\$ (300,768)</u>
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See accompanying notes to consolidated financial statements.

# CONSOLIDATED STATEMENT OF CHANGES IN FUND BALANCES

YEAR ENDED DECEMBER 31, 1973

	Current funds			Restricted	Endowment funds	Funds functioning as endowment	Land, building and equipment funds
	General funds						
	Appropriations for special purposes	Unappropriated (Deficit)	Total				
Balance at beginning of year	\$33,721	\$123,271	\$156,992	\$204,094	\$43,617	\$1,065,731	\$402,735
Additions and appropriations:							
Current revenue expendable only as specified by donors	—	—	—	335,874	—	—	—
Equipment acquisitions	—	—	—	—	—	—	19,121
Appropriations	1,786	151,641	153,427	—	—	(153,427)	—
	<u>35,507</u>	<u>274,912</u>	<u>310,419</u>	<u>539,968</u>	<u>43,617</u>	<u>912,304</u>	<u>421,856</u>
Deductions:							
Excess of current general expenditures over related support and revenue	—	300,768	300,768	—	—	—	—
To finance expenditures included in Exhibit B	—	—	—	195,458	—	—	—
Termination of affiliation agreement with the Minnesota state chapter as of beginning of year	—	(5,785)	(5,785)	—	—	66,187	—
Net loss on investment transactions	—	—	—	—	6,457	122,728	—
Provision for depreciation (computed on straight-line method)	—	—	—	—	—	—	25,793
	<u>—</u>	<u>294,983</u>	<u>294,983</u>	<u>195,458</u>	<u>6,457</u>	<u>188,915</u>	<u>25,793</u>
Balance at end of year	<u>\$35,507</u>	<u>\$ (20,071)</u>	<u>\$ 15,436</u>	<u>\$344,510</u>	<u>\$37,160</u>	<u>\$ 723,389</u>	<u>\$396,063</u>

See accompanying notes to consolidated financial statements.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS—DECEMBER 31, 1973

1) *Summary of Significant Accounting Policies: Consolidated Financial Statements:* The consolidated financial statements include the National Society for the Prevention of Blindness, Inc. (including state committees) and affiliated chapters in Connecticut, Colorado, Northern and Southern California and Indiana.

*Standards of Accounting and Reporting:* The accounts of the Society and affiliated chapters are maintained and the accompanying financial statements have been prepared in accordance with the standards of accounting and financial reporting adopted by the National Health Council and the National Assembly for Social Policy and Development which standards include the accrual basis of accounting.

*Fund Accounting:* In order to ensure observance of limitations and restrictions placed on the use of available resources, the accounts are classified for accounting and reporting purposes into fund groups that are in accordance with the activities or objectives specified.

*Summary of Financial Activities:* The Consolidated Summary of Financial Activities includes the total public support and revenue for 1973, including contributions, the use of which is subject to limitations established by the donors. The summary also presents the total expenditures for

1973, including expenditures for equipment acquisitions.

*Endowment Funds and Funds Functioning as Endowment:* Endowment funds are subject to the restrictions of gift instruments requiring in perpetuity that the principal be invested and the income only be utilized. Funds functioning as endowment have been established by the Board of Directors for the same purposes as endowment funds but may be expended at the Directors' discretion.

*Land, Building and Equipment Funds:* Land, building and equipment are stated at cost or fair value at date of acquisition in the case of gifts. Depreciation of building and equipment has been provided so as to amortize the value of these assets over their estimated useful lives, with corresponding charges directly to the fund balance, "Net investment in land, building and equipment."

2) *Lease Commitments:* The Society and its affiliated chapters occupy premises under various leases extending through 1977 and requiring annual net rental payments aggregating approximately \$75,000.

3) *Pension Plans:* The Society and its affiliated chapters have contributory pension plans covering permanent employees. Total expenditures for the plans amounted to \$27,587 for the year. There are no unfunded prior service costs.

# CONSOLIDATED ANALYSIS OF FUNCTIONAL EXPENDITURES

YEAR ENDED DECEMBER 31, 1973

	Program services				Supporting services		
	Total	Research	Public health education	Professional education and training	Community services	General and administrative	Fund raising
Awards and grants	\$ 93,896	\$ 84,288	\$ 1,369	\$ —	\$ 8,239	\$ —	\$ —
Support of health organizations	4,365	—	934	2,821	610	—	—
Salaries	1,356,517	46,648	362,035	329,541	343,672	89,984	184,637
Payroll taxes	80,347	2,542	17,930	15,716	18,536	13,864	11,759
Employee benefits	76,664	2,764	18,418	16,093	17,842	10,457	11,090
Building occupancy	142,624	7,359	28,166	23,347	29,277	41,815	12,660
Telephone and telegraph	54,238	1,200	24,939	7,453	12,655	4,490	3,501
Office supplies	54,488	614	12,981	1,580	10,639	23,579	5,095
Office equipment and maintenance	35,709	82	8,846	1,273	7,676	13,834	3,998
Printing and publications	451,496	1,939	323,481	9,825	11,311	1,374	103,566
Postage and shipping	161,673	319	86,310	2,113	6,988	25,386	40,557
Visual aids, films, etc.	153,849	—	135,088	7,088	11,357	163	153
Travel	125,636	758	14,542	35,510	42,691	27,503	4,632
Professional fees	42,555	—	3,233	3,316	6,124	14,588	15,294
Purchase of mailing lists	150,574	—	74,856	245	—	—	75,473
Insurance	15,314	—	100	469	6,665	8,080	—
Other	21,130	—	2,189	6,703	1,032	7,543	3,663
	<u>3,021,075</u>	<u>148,513</u>	<u>1,115,417</u>	<u>463,093</u>	<u>535,314</u>	<u>282,660</u>	<u>476,078</u>
Less directly related income	51,470	—	38,125	7,613	5,732	—	—
	<u>\$2,969,605</u>	<u>\$148,513</u>	<u>\$1,077,292</u>	<u>\$455,480</u>	<u>\$529,582</u>	<u>\$282,660</u>	<u>\$476,078</u>

## THE BOARD OF DIRECTORS

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.:

We have examined the consolidated balance sheet of National Society for the Prevention of Blindness, Inc. and affiliated state chapters as of December 31, 1973 and the related consolidated summary of financial activities and consolidated statement of changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the aforementioned consolidated financial statements present fairly the financial position of National Society for the Prevention of Blindness, Inc. and affiliated state chapters at December 31, 1973 and the results of their operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year. The supplementary data included in Schedule 1 have been subjected to the same auditing procedures and, in our opinion, are stated fairly in all material respects when considered in conjunction with the basic consolidated financial statements taken as a whole.

Peat, Marwick, Mitchell &amp; Co

New York, New York  
March 12, 1974

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THIS IS A STORY  
WITHOUT AN END  
— A CONTINUING STORY —  
FOR THERE REMAIN  
MANY BATTLES TO BE  
FOUGHT, MANY SAFE-  
GUARDS TO BE ERECTED,  
MUCH KNOWLEDGE TO  
BE GAINED AND SHARED,  
AND MOST IMPORTANT—  
MANY PEOPLE TO BE  
CONVINCED OF AND  
CONVERTED TO GOOD  
EYE HEALTH AND EYE  
SAFETY HABITS.

PLEASE GIVE!

National Society for the Prevention of Blindness  
79 Madison Avenue New York NY 10016

Bequests of all sizes have helped to make possible the sight-saving activities of the National Society for the Prevention of Blindness since its establishment in 1908. The Society's record of careful management insures the enduring usefulness of funds entrusted to its care. You can assure the Society of continuing financial support by using the following bequest form:

I give and bequeath to the National Society for the Prevention of Blindness, Inc., a corporation organized under the laws of the State of New York, the sum of \$ . . . . . for its corporate purposes.

Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it are of course tax deductible. Before a donor makes a gift of substance he should consult his lawyer. You may also write to the Society.



## THE NATIONAL SOCIETY

is one of the 19 major national voluntary health agencies which has met the National Health Council's standards and ethical guidelines for membership under a new policy initiated in 1963. The new accreditation assures the public that the National Society: is primarily supported by voluntary contributions / is basically controlled by a broad citizenship membership / is under the direction of a representative voluntary board which has reasonable rotation and broad geographical representation / has program activities approved by committees which include competent experts in the specific areas of the Society's program / follows specified ethical fund-raising practices / makes complete financial reports to the public which conform to the National Council's uniform accounting system. Through the National Health Council, an organization of more than 70 national voluntary, professional and governmental agencies and other groups, its member agencies work together and with others in the common cause of health protection and improvement.

The National Society for the Prevention of Blindness, Inc., founded in 1908, is the oldest voluntary health agency nationally engaged in the prevention of blindness through a comprehensive program of community services, public and professional education, and research. ■ Publications, films, lectures, charts and advisory service are available on request. ■ The National Society is supported entirely by contributions, memorial gifts, bequests and legacies, which are income tax deductible.

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